

**CONSENT FORM
APPROVAL BY PARENTS OR GUARDIANS**

(For Tiger Cubs, Cub Scouts, Webelos, Boy Scouts, Varsity Scouts, Venturers, and Guests under 21 years of age, participating in a den, pack, team, troop, or crew trip or activity)

First name of BSA member/guest and middle initial _____ Last name _____

Address _____ Birth date (month/day/year) _____

Additional address (need street address if you have a P.O. box) _____

City _____ State _____ Zip _____

(_____) _____ (_____) _____
Area code and telephone no. (parent's business no.) Area code & telephone no. (home)

(_____) _____
Phone # I can be reached at during activity

For Troop 776 2009 annual activities and outings On January 1 – December 31, 2009

Father/Guardian Signature _____ **Date** _____

Mother/Guardian Signature _____ **Date** _____

PARENTS OR GUARDIANS

(Please read all the statements on both pages before giving approval for participation in the activity listed above.) I hereby approve and agree to all of the terms, conditions, and waiver of claims of this consent form and certify to its correctness. Further, I agree that this BSA youth member or guest can meet the health and physical fitness requirements of the trip or activity

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.
Insurance Company _____
Policy No. _____
Physician _____
Telephone No. () _____
Physician

Troop 776 Basic Medical Information

(Note: this is not intended to substitute for the BSA activity required medical examination form.)

NAME _____ **Date** _____

Date of birth _____ Age _____ Sex _____

Name of parent or guardian or other emergency contact:

Telephone _____

Home address _____

City _____ State _____ Zip _____

SWIMMER (non-swimmer, beginner, advanced, lifeguard certificate holder):

ALLERGIES: Food, medicines, insects, plants, etc.:

GENERAL INFORMATION (check):

ADHD (Attention-Deficit _____ Hyperactivity Disorder) _____

Convulsions/seizures _____ Hemophilia _____

Asthma _____ Diabetes _____

High blood pressure _____ Cancer/leukemia _____

Heart trouble _____ Kidney disease _____

Other _____

Explain (as needed):

List any medications taken and/or needed (including drug, dosage, route (oral, injection, etc.), and frequency:

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:

Date of last Tetanus toxoid _____